

**REPEAL OF HEALTH AND HUMAN SERVICES REPORTS
AND PROGRAMS**

2016 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Evan J. Vickers

House Sponsor: Kay L. McIff

LONG TITLE

Committee Note:

The Health and Human Services Interim Committee recommended this bill.

General Description:

This bill repeals Utah Code provisions requiring certain reports, primarily to various entities of the Utah Legislature, on health and human services issues, and repeals other statutory requirements.

Highlighted Provisions:

This bill:

- repeals and amends provisions requiring certain reports, primarily to various entities of the Utah Legislature, on health and human services issues, including expired reporting provisions;

- repeals an expired provision for the Department of Health to study and implement a patient-centered medical home demonstration project;

- repeals a provision for the Health and Human Services Interim Committee to study whether statewide practice standards should be implemented to assist the Child Welfare Parental Defense Program to provide legal services to indigent parents whose children are in the custody of the Division of Child and Family Services; and

- makes technical changes.

Money Appropriated in this Bill:



None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-8a-105, as last amended by Laws of Utah 2015, Chapter 167

26-18-2.4, as last amended by Laws of Utah 2012, Chapters 242 and 343

26-18-3, as last amended by Laws of Utah 2013, Chapter 167

26-18-405, as enacted by Laws of Utah 2011, Chapter 211

26-50-202, as last amended by Laws of Utah 2012, Chapter 242

26-52-202, as last amended by Laws of Utah 2014, Chapter 302

59-14-204, as last amended by Laws of Utah 2012, Chapter 341

62A-1-119, as last amended by Laws of Utah 2013, Chapter 400

62A-4a-401, as last amended by Laws of Utah 2013, Chapter 171

62A-15-1101, as last amended by Laws of Utah 2015, Chapter 85

63M-7-305, as last amended by Laws of Utah 2011, Chapter 51

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-8a-105** is amended to read:

26-8a-105. Department powers.

The department shall:

(1) coordinate the emergency medical services within the state;

(2) administer this chapter and the rules established pursuant to it;

(3) establish a voluntary task force representing a diversity of emergency medical service providers to advise the department and the committee on rules;

(4) establish an emergency medical service personnel peer review board to advise the department concerning discipline of emergency medical service personnel under this chapter;

and

(5) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

(a) license ambulance providers and paramedic providers;

(b) permit ambulances and emergency medical response vehicles, including approving an emergency vehicle operator's course in accordance with Section 26-8a-304;

(c) establish:

(i) the qualifications for membership of the peer review board created by this section;

(ii) a process for placing restrictions on a certification while an investigation is pending;

(iii) the process for the investigation and recommendation by the peer review board; and

(iv) the process for determining the status of a license or certification while a peer review board investigation is pending;

(d) establish application, submission, and procedural requirements for licenses, designations, certificates, and permits; and

(e) establish and implement the programs, plans, and responsibilities as specified in other sections of this chapter[; and].

~~[(6) report to the Legislature's Health and Human Services Interim Committee on or before July 15, 2015, regarding rules developed under Subsection (5)(c).]~~

Section 2. Section 26-18-2.4 is amended to read:

26-18-2.4. Medicaid drug program -- Preferred drug list.

(1) A Medicaid drug program developed by the department under Subsection 26-18-2.3(2)(f):

(a) shall, notwithstanding Subsection 26-18-2.3(1)(b), be based on clinical and cost-related factors which include medical necessity as determined by a provider in accordance with administrative rules established by the Drug Utilization Review Board;

(b) may include therapeutic categories of drugs that may be exempted from the drug program;

(c) may include placing some drugs, except the drugs described in Subsection (2), on a preferred drug list to the extent determined appropriate by the department;

(d) notwithstanding the requirements of Part 2, Drug Utilization Review Board, shall immediately implement the prior authorization requirements for a nonpreferred drug that is in the same therapeutic class as a drug that is:

(i) on the preferred drug list on the date that this act takes effect; or

(ii) added to the preferred drug list after this act takes effect; and

(e) except as prohibited by Subsections 58-17b-606(4) and (5), shall establish the prior authorization requirements established under Subsections (1)(c) and (d) which shall permit a health care provider or the health care provider's agent to obtain a prior authorization override of the preferred drug list through the department's pharmacy prior authorization review process, and which shall:

(i) provide either telephone or fax approval or denial of the request within 24 hours of the receipt of a request that is submitted during normal business hours of Monday through Friday from 8 a.m. to 5 p.m.;

(ii) provide for the dispensing of a limited supply of a requested drug as determined appropriate by the department in an emergency situation, if the request for an override is received outside of the department's normal business hours; and

(iii) require the health care provider to provide the department with documentation of the medical need for the preferred drug list override in accordance with criteria established by the department in consultation with the Pharmacy and Therapeutics Committee.

(2) (a) For purposes of this Subsection (2):

(i) "Immunosuppressive drug":

(A) means a drug that is used in immunosuppressive therapy to inhibit or prevent activity of the immune system to aid the body in preventing the rejection of transplanted organs and tissue; and

(B) does not include drugs used for the treatment of autoimmune disease or diseases that are most likely of autoimmune origin.

(ii) "Psychotropic drug" means the following classes of drugs: atypical anti-psychotic, anti-depressants, anti-convulsant/mood stabilizer, anti-anxiety, attention deficit hyperactivity disorder stimulants, or sedative/hypnotics.

(iii) "Stabilized" means a health care provider has documented in the patient's medical chart that a patient has achieved a stable or steadfast medical state within the past 90 days using a particular psychotropic drug.

(b) A preferred drug list developed under the provisions of this section may not include:

(i) except as provided in Subsection (2)(e), a psychotropic or anti-psychotic drug; or

121 (ii) an immunosuppressive drug.

122 (c) The state Medicaid program shall reimburse for a prescription for an
123 immunosuppressive drug as written by the health care provider for a patient who has undergone
124 an organ transplant. For purposes of Subsection 58-17b-606(4), and with respect to patients
125 who have undergone an organ transplant, the prescription for a particular immunosuppressive
126 drug as written by a health care provider meets the criteria of demonstrating to the Department
127 of Health a medical necessity for dispensing the prescribed immunosuppressive drug.

128 (d) Notwithstanding the requirements of Part 2, Drug Utilization Review Board, the
129 state Medicaid drug program may not require the use of step therapy for immunosuppressive
130 drugs without the written or oral consent of the health care provider and the patient.

131 (e) The department may include a sedative hypnotic on a preferred drug list in
132 accordance with Subsection (2)(f).

133 (f) The department shall grant a prior authorization for a sedative hypnotic that is not
134 on the preferred drug list under Subsection (2)(e), if the health care provider has documentation
135 related to one of the following conditions for the Medicaid client:

136 (i) a trial and failure of at least one preferred agent in the drug class, including the
137 name of the preferred drug that was tried, the length of therapy, and the reason for the
138 discontinuation;

139 (ii) detailed evidence of a potential drug interaction between current medication and
140 the preferred drug;

141 (iii) detailed evidence of a condition or contraindication that prevents the use of the
142 preferred drug;

143 (iv) objective clinical evidence that a patient is at high risk of adverse events due to a
144 therapeutic interchange with a preferred drug;

145 (v) the patient is a new or previous Medicaid client with an existing diagnosis
146 previously stabilized with a nonpreferred drug; or

147 (vi) other valid reasons as determined by the department.

148 (g) A prior authorization granted under Subsection (2)(f) is valid for one year from the
149 date the department grants the prior authorization and shall be renewed in accordance with
150 Subsection (2)(f).

151 ~~[(3) The department shall report to the Health and Human Services Interim Committee~~

and to the Social Services Appropriations Subcommittee prior to November 1, 2013, regarding the savings to the Medicaid program resulting from the use of the preferred drug list permitted by Subsection (1).]

Section 3. Section **26-18-3** is amended to read:

26-18-3. Administration of Medicaid program by department -- Reporting to the Legislature -- Disciplinary measures and sanctions -- Funds collected -- Eligibility standards -- Internal audits -- Studies -- Health opportunity accounts.

(1) The department shall be the single state agency responsible for the administration of the Medicaid program in connection with the United States Department of Health and Human Services pursuant to Title XIX of the Social Security Act.

(2) (a) The department shall implement the Medicaid program through administrative rules in conformity with this chapter, Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the requirements of Title XIX, and applicable federal regulations.

(b) The rules adopted under Subsection (2)(a) shall include, in addition to other rules necessary to implement the program:

(i) the standards used by the department for determining eligibility for Medicaid services;

(ii) the services and benefits to be covered by the Medicaid program;

(iii) reimbursement methodologies for providers under the Medicaid program; and

(iv) a requirement that:

(A) a person receiving Medicaid services shall participate in the electronic exchange of clinical health records established in accordance with Section [26-1-37](#) unless the individual opts out of participation;

(B) prior to enrollment in the electronic exchange of clinical health records the enrollee shall receive notice of enrollment in the electronic exchange of clinical health records and the right to opt out of participation at any time; and

(C) beginning July 1, 2012, when the program sends enrollment or renewal information to the enrollee and when the enrollee logs onto the program's website, the enrollee shall receive notice of the right to opt out of the electronic exchange of clinical health records.

(3) (a) The department shall, in accordance with Subsection (3)(b), report to the Social Services Appropriations Subcommittee when the department:

- 183 (i) implements a change in the Medicaid State Plan;
184 (ii) initiates a new Medicaid waiver;
185 (iii) initiates an amendment to an existing Medicaid waiver;
186 (iv) applies for an extension of an application for a waiver or an existing Medicaid
187 waiver; or
188 (v) initiates a rate change that requires public notice under state or federal law.
- 189 (b) The report required by Subsection (3)(a) shall:
- 190 (i) be submitted to the Social Services Appropriations Subcommittee prior to the
191 department implementing the proposed change; and
- 192 (ii) include:
- 193 (A) a description of the department's current practice or policy that the department is
194 proposing to change;
- 195 (B) an explanation of why the department is proposing the change;
- 196 (C) the proposed change in services or reimbursement, including a description of the
197 effect of the change;
- 198 (D) the effect of an increase or decrease in services or benefits on individuals and
199 families;
- 200 (E) the degree to which any proposed cut may result in cost-shifting to more expensive
201 services in health or human service programs; and
- 202 (F) the fiscal impact of the proposed change, including:
- 203 (I) the effect of the proposed change on current or future appropriations from the
204 Legislature to the department;
- 205 (II) the effect the proposed change may have on federal matching dollars received by
206 the state Medicaid program;
- 207 (III) any cost shifting or cost savings within the department's budget that may result
208 from the proposed change; and
- 209 (IV) identification of the funds that will be used for the proposed change, including any
210 transfer of funds within the department's budget.
- 211 (4) Any rules adopted by the department under Subsection (2) are subject to review and
212 reauthorization by the Legislature in accordance with Section [63G-3-502](#).
- 213 (5) The department may, in its discretion, contract with the Department of Human

Services or other qualified agencies for services in connection with the administration of the Medicaid program, including:

- (a) the determination of the eligibility of individuals for the program;
- (b) recovery of overpayments; and
- (c) consistent with Section 26-20-13, and to the extent permitted by law and quality control services, enforcement of fraud and abuse laws.

(6) The department shall provide, by rule, disciplinary measures and sanctions for Medicaid providers who fail to comply with the rules and procedures of the program, provided that sanctions imposed administratively may not extend beyond:

- (a) termination from the program;
- (b) recovery of claim reimbursements incorrectly paid; and
- (c) those specified in Section 1919 of Title XIX of the federal Social Security Act.

(7) Funds collected as a result of a sanction imposed under Section 1919 of Title XIX of the federal Social Security Act shall be deposited in the General Fund as dedicated credits to be used by the division in accordance with the requirements of Section 1919 of Title XIX of the federal Social Security Act.

(8) (a) In determining whether an applicant or recipient is eligible for a service or benefit under this part or Chapter 40, Utah Children's Health Insurance Act, the department shall, if Subsection (8)(b) is satisfied, exclude from consideration one passenger vehicle designated by the applicant or recipient.

(b) Before Subsection (8)(a) may be applied:

(i) the federal government shall:

(A) determine that Subsection (8)(a) may be implemented within the state's existing public assistance-related waivers as of January 1, 1999;

(B) extend a waiver to the state permitting the implementation of Subsection (8)(a); or

(C) determine that the state's waivers that permit dual eligibility determinations for cash assistance and Medicaid are no longer valid; and

(ii) the department shall determine that Subsection (8)(a) can be implemented within existing funding.

(9) (a) For purposes of this Subsection (9):

(i) "aged, blind, or has a disability" means an aged, blind, or disabled individual, as

defined in 42 U.S.C. Sec. 1382c(a)(1); and

(ii) "spend down" means an amount of income in excess of the allowable income standard that shall be paid in cash to the department or incurred through the medical services not paid by Medicaid.

(b) In determining whether an applicant or recipient who is aged, blind, or has a disability is eligible for a service or benefit under this chapter, the department shall use 100% of the federal poverty level as:

(i) the allowable income standard for eligibility for services or benefits; and

(ii) the allowable income standard for eligibility as a result of spend down.

(10) The department shall conduct internal audits of the Medicaid program.

(11) In order to determine the feasibility of contracting for direct Medicaid providers for primary care services, the department shall~~[-(a)]~~ issue a request for information for direct contracting for primary services that shall provide that a provider shall exclusively serve all Medicaid clients:

~~[(i)]~~ (a) in a geographic area;

~~[(ii)]~~ (b) for a defined range of primary care services; and

~~[(iii)]~~ (c) for a predetermined total contracted amount~~[-and]~~.

~~[(b) by February 1, 2011, report to the Social Services Appropriations Subcommittee on the response to the request for information under Subsection (11)(a).]~~

~~[(12) (a) By December 31, 2010, the department shall:]~~

~~[(i) determine the feasibility of implementing a three year patient-centered medical home demonstration project in an area of the state using existing budget funds; and]~~

~~[(ii) report the department's findings and recommendations under Subsection (12)(a)(i) to the Social Services Appropriations Subcommittee.]~~

~~[(b) If the department determines that the medical home demonstration project described in Subsection (12)(a) is feasible, and the Social Services Appropriations Subcommittee recommends that the demonstration project be implemented, the department shall:]~~

~~[(i) implement the demonstration project; and]~~

~~[(ii) by December 1, 2012, make recommendations to the Social Services Appropriations Subcommittee regarding the:]~~

276 ~~[(A) continuation of the demonstration project;]~~

277 ~~[(B) expansion of the demonstration project to other areas of the state; and]~~

278 ~~[(C) cost savings incurred by the implementation of the demonstration project.]~~

279 ~~[(13)]~~ (12) (a) The department may apply for and, if approved, implement a
280 demonstration program for health opportunity accounts, as provided for in 42 U.S.C. Sec.
281 1396u-8.

282 (b) A health opportunity account established under Subsection ~~[(13)]~~ (12)(a) shall be
283 an alternative to the existing benefits received by an individual eligible to receive Medicaid
284 under this chapter.

285 (c) Subsection ~~[(13)]~~ (12)(a) is not intended to expand the coverage of the Medicaid
286 program.

287 Section 4. Section **26-18-405** is amended to read:

288 **26-18-405. Waivers to maximize replacement of fee-for-service delivery model.**

289 (1) The department shall develop a proposal to amend the state plan for the Medicaid
290 program in a way that maximizes replacement of the fee-for-service delivery model with one or
291 more risk-based delivery models.

292 (2) The proposal shall:

293 (a) restructure the program's provider payment provisions to reward health care
294 providers for delivering the most appropriate services at the lowest cost and in ways that,
295 compared to services delivered before implementation of the proposal, maintain or improve
296 recipient health status;

297 (b) restructure the program's cost sharing provisions and other incentives to reward
298 recipients for personal efforts to:

299 (i) maintain or improve their health status; and

300 (ii) use providers that deliver the most appropriate services at the lowest cost;

301 (c) identify the evidence-based practices and measures, risk adjustment methodologies,
302 payment systems, funding sources, and other mechanisms necessary to reward providers for
303 delivering the most appropriate services at the lowest cost, including mechanisms that:

304 (i) pay providers for packages of services delivered over entire episodes of illness
305 rather than for individual services delivered during each patient encounter; and

306 (ii) reward providers for delivering services that make the most positive contribution to

307 a recipient's health status;

308 (d) limit total annual per-patient-per-month expenditures for services delivered through
309 fee-for-service arrangements to total annual per-patient-per-month expenditures for services
310 delivered through risk-based arrangements covering similar recipient populations and services;
311 and

312 (e) limit the rate of growth in per-patient-per-month General Fund expenditures for the
313 program to the rate of growth in General Fund expenditures for all other programs, when the
314 rate of growth in the General Fund expenditures for all other programs is greater than zero.

315 (3) To the extent possible, the department shall develop the proposal with the input of
316 stakeholder groups representing those who will be affected by the proposal.

317 ~~[(4) No later than June 1, 2011, the department shall submit a written report on the~~
318 ~~development of the proposal to the Legislature's Executive Appropriations Committee, Social~~
319 ~~Services Appropriations Subcommittee, and Health and Human Services Interim Committee.]~~

320 ~~[(5)]~~ (4) No later than July 1, 2011, the department shall submit to the Centers for
321 Medicare and Medicaid Services within the United States Department of Health and Human
322 Services a request for waivers from federal statutory and regulatory law necessary to implement
323 the proposal.

324 ~~[(6)]~~ (5) After the request for waivers has been made, and prior to its implementation,
325 the department shall report to the Legislature in accordance with Section 26-18-3 on any
326 modifications to the request proposed by the department or made by the Centers for Medicare
327 and Medicaid Services.

328 ~~[(7)]~~ (6) The department shall implement the proposal in the fiscal year that follows the
329 fiscal year in which the United States Secretary of Health and Human Services approves the
330 request for waivers.

331 Section 5. Section **26-50-202** is amended to read:

332 **26-50-202. Traumatic Brain Injury Advisory Committee -- Membership -- Time**
333 **limit.**

334 (1) On or after July 1 of each year, the executive director may create a Traumatic Brain
335 Injury Advisory Committee of not more than nine members.

336 (2) The committee shall be composed of members of the community who are familiar
337 with traumatic brain injury, its causes, diagnosis, treatment, rehabilitation, and support

services, including:

(a) persons with a traumatic brain injury;

(b) family members of a person with a traumatic brain injury;

(c) representatives of an association which advocates for persons with traumatic brain injuries;

(d) specialists in a profession that works with brain injury patients; and

(e) department representatives.

(3) The department shall provide staff support to the committee.

(4) (a) If a vacancy occurs in the committee membership for any reason, a replacement may be appointed for the unexpired term.

(b) The committee shall elect a chairperson from the membership.

(c) A majority of the committee constitutes a quorum at any meeting, and, if a quorum exists, the action of the majority of members present shall be the action of the committee.

(d) The committee may adopt bylaws governing the committee's activities.

(e) A committee member may be removed by the executive director:

(i) if the member is unable or unwilling to carry out the member's assigned responsibilities; or

(ii) for good cause.

(5) The committee shall comply with the procedures and requirements of:

(a) Title 52, Chapter 4, Open and Public Meetings Act; and

(b) Title 63G, Chapter 2, Government Records Access and Management Act.

(6) A member may not receive compensation or benefits for the member's service, but, at the executive director's discretion, may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

(7) Not later than November 30 of each year the committee shall provide a written report summarizing the activities of the committee to:

(a) the executive director of the department; and

369 ~~[(b) the Health and Human Services Interim Committee; and]~~

370 ~~[(c)]~~ (b) the Social Services Appropriations Subcommittee.

371 (8) The committee shall cease to exist on December 31 of each year, unless the
372 executive director determines it necessary to continue.

373 Section 6. Section **26-52-202** is amended to read:

374 **26-52-202. Autism Treatment Account Advisory Committee -- Membership --**
375 **Time limit.**

376 (1) (a) There is created an Autism Treatment Account Advisory Committee consisting
377 of six members appointed by the governor to two-year terms of office as follows:

378 (i) one individual holding a doctorate degree who has experience in treating persons
379 with an autism spectrum disorder;

380 (ii) one board certified behavior analyst;

381 (iii) one physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or
382 Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, who has completed a residency
383 program in pediatrics;

384 (iv) one employee of the Department of Health; and

385 (v) two individuals who are familiar with autism spectrum disorders and their effects,
386 diagnosis, treatment, rehabilitation, and support needs, including:

387 (A) family members of a person with an autism spectrum disorder;

388 (B) representatives of an association which advocates for persons with an autism
389 spectrum disorder; and

390 (C) specialists or professionals who work with persons with autism spectrum disorders.

391 (b) Notwithstanding the requirements of Subsection (1)(a), the governor shall, at the
392 time of appointment or reappointment, adjust the length of terms to ensure that the terms of
393 committee members are staggered so that approximately half of the committee is appointed
394 every year.

395 (c) If a vacancy occurs in the committee membership for any reason, the governor may
396 appoint a replacement for the unexpired term.

397 (2) The department shall provide staff support to the committee.

398 (3) (a) The committee shall elect a chair from the membership on an annual basis.

399 (b) A majority of the committee constitutes a quorum at any meeting, and, if a quorum

exists, the action of the majority of members present shall be the action of the committee.

(c) The executive director may remove a committee member:

(i) if the member is unable or unwilling to carry out the member's assigned responsibilities; or

(ii) for good cause.

(4) The committee shall, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules governing the committee's activities that comply with the requirements of this title, including rules that:

(a) establish criteria and procedures for selecting qualified children to participate in the program;

(b) establish the services, providers, and treatments to include in the program, and the qualifications, criteria, and procedures for evaluating the providers and treatments; and

(c) address and avoid conflicts of interest that may arise in relation to the committee and its duties.

(5) As part of its duties under Subsection 26-52-201(5), the committee shall, at minimum:

(a) offer applied behavior analysis provided by or supervised by a board certified behavior analyst or a licensed psychologist with equivalent university training and supervised experience;

(b) collaborate with existing telehealth networks to reach children in rural and under-served areas of the state; and

(c) engage family members in the treatment process.

(6) The committee shall meet as necessary to carry out its duties and shall meet upon a call of the committee chair or a call of a majority of the committee members.

(7) The committee shall comply with the procedures and requirements of:

(a) Title 52, Chapter 4, Open and Public Meetings Act; and

(b) Title 63G, Chapter 2, Government Records Access and Management Act.

(8) Committee members may not receive compensation or per diem allowance for their services.

(9) Not later than November 30 of each year, the committee shall provide a written report summarizing the activities of the committee to ~~the~~ (a) the executive director of the

department[;].

~~[(b) the Legislature's Health and Human Services Interim Committee; and]~~

~~[(c) the Legislature's Social Services Appropriations Subcommittee.]~~

(10) The report under Subsection (9) shall include:

(a) the number of children diagnosed with autism spectrum disorder who are receiving services under this chapter;

(b) the types of services provided to qualified children under this chapter; and

(c) results of any evaluations on the effectiveness of treatments and services provided under this chapter.

Section 7. Section **59-14-204** is amended to read:

59-14-204. Tax basis -- Rate -- Future increase -- Cigarette Tax Restricted

Account -- Appropriation and expenditure of revenues.

(1) Except for cigarettes described under Subsection **59-14-210**(3), there is levied a tax upon the sale, use, storage, or distribution of cigarettes in the state.

(2) The rates of the tax levied under Subsection (1) are, beginning on July 1, 2010:

(a) 8.5 cents on each cigarette, for all cigarettes weighing not more than three pounds per thousand cigarettes; and

(b) 9.963 cents on each cigarette, for all cigarettes weighing in excess of three pounds per thousand cigarettes.

(3) Except as otherwise provided under this chapter, the tax levied under Subsection (1) shall be paid by any person who is the manufacturer, jobber, importer, distributor, wholesaler, retailer, user, or consumer.

(4) The tax rates specified in this section shall be increased by the commission by the same amount as any future reduction in the federal excise tax on cigarettes.

(5) (a) There is created within the General Fund a restricted account known as the "Cigarette Tax Restricted Account."

(b) The Cigarette Tax Restricted Account consists of:

(i) the first \$7,950,000 of the revenues collected from a tax under this section; and

(ii) any other appropriations the Legislature makes to the Cigarette Tax Restricted Account.

(c) For each fiscal year beginning with fiscal year 2011-12 and subject to appropriation

by the Legislature, the Division of Finance shall distribute money from the Cigarette Tax Restricted Account as follows:

(i) \$250,000 to the Department of Health to be expended for a tobacco prevention and control media campaign targeted towards children;

(ii) \$2,900,000 to the Department of Health to be expended for tobacco prevention, reduction, cessation, and control programs;

(iii) \$2,000,000 to the University of Utah Health Sciences Center for the Huntsman Cancer Institute to be expended for cancer research; and

(iv) \$2,800,000 to the University of Utah Health Sciences Center to be expended for medical education at the University of Utah School of Medicine.

(d) In determining how to appropriate revenue deposited into the Cigarette Tax Restricted Account that is not otherwise appropriated under Subsection (5)(c), the Legislature shall give particular consideration to enhancing Medicaid provider reimbursement rates and medical coverage for the uninsured.

~~[(e) Any program or entity that receives funding under Subsection (5)(c) shall provide an annual report to the Health and Human Services Interim Committee no later than September 1 of each year. The report shall include:]~~

~~[(i) the amount funded;]~~

~~[(ii) the amount expended;]~~

~~[(iii) a description of the effectiveness of the program; and]~~

~~[(iv) if the program is a tobacco cessation program, the report required in Section 51-9-203.]~~

Section 8. Section **62A-1-119** is amended to read:

62A-1-119. Respite Care Assistance Fund -- Use of money -- Restrictions -- Annual report.

(1) There is created an expendable special revenue fund known as the Respite Care Assistance Fund.

(2) The fund shall consist of:

(a) gifts, grants, devises, donations, and bequests of real property, personal property, or services, from any source, made to the fund; and

(b) any additional amounts as appropriated by the Legislature.

493 (3) The fund shall be administered by the director of the Utah Developmental
494 Disabilities Council.

495 (4) The fund money shall be used for the following activities:

496 (a) to support a respite care information and referral system;

497 (b) to educate and train caregivers and respite care providers; and

498 (c) to provide grants to caregivers.

499 (5) An individual who receives services paid for from the fund shall:

500 (a) be a resident of Utah; and

501 (b) be a primary care giver for:

502 (i) an aging individual; or

503 (ii) an individual with a cognitive, mental, or physical disability.

504 (6) The fund money may not be used for:

505 (a) administrative expenses that are normally provided for by legislative appropriation;

506 or

507 (b) direct services or support mechanisms that are available from or provided by
508 another government or private agency.

509 (7) All interest and other earnings derived from the fund money shall be deposited into
510 the fund.

511 (8) The state treasurer shall invest the money in the fund under Title 51, Chapter 7,
512 State Money Management Act.

513 ~~[(9) The Department of Human Services shall make an annual report to the appropriate~~
514 ~~appropriations subcommittee of the Legislature regarding the status of the fund, including a~~
515 ~~report on the contributions received, expenditures made, and programs and services funded.]~~

516 Section 9. Section **62A-4a-401** is amended to read:

517 **62A-4a-401. Legislative purpose -- Report and study items.**

518 ~~[(1)]~~ It is the purpose of this part to protect the best interests of children, offer
519 protective services to prevent harm to children, stabilize the home environment, preserve
520 family life whenever possible, and encourage cooperation among the states in dealing with the
521 problem of abuse or neglect.

522 ~~[(2) The division shall, during the 2013 interim, report to the Health and Human~~
523 ~~Services Interim Committee on:]~~

~~[(a) the division's efforts to use existing staff and funds while shifting resources away from foster care and to in-home services;]~~

~~[(b) a proposal to:]~~

~~[(i) keep sibling groups together, as much as possible; and]~~

~~[(ii) provide necessary services to available structured foster families to avoid sending foster children to proctor homes;]~~

~~[(c) the disparity between foster care payments and adoption subsidies, and whether an adjustment to those rates could result in savings to the state; and]~~

~~[(d) the utilization of guardianship, in the event an appropriate adoptive placement is not available after a termination of parental rights.]~~

~~[(3) The Health and Human Services Interim Committee shall, during the 2013 interim, study whether statewide practice standards should be implemented to assist the Child Welfare Parental Defense Program with its mission to provide legal services to indigent parents whose children are in the custody of the division.]~~

Section 10. Section **62A-15-1101** is amended to read:

62A-15-1101. Suicide prevention -- Reporting requirements.

(1) As used in the section:

(a) "Bureau" means the Bureau of Criminal Identification created in Section [53-10-201](#) within the Department of Public Safety.

(b) "Division" means the Division of Substance Abuse and Mental Health.

(c) "Intervention" means an effort to prevent a person from attempting suicide.

(d) "Postvention" means mental health intervention after a suicide attempt or death to prevent or contain contagion.

(e) "State suicide prevention coordinator" means an individual designated by the division as described in Subsections (2) and (3).

(2) The division shall appoint a state suicide prevention coordinator to administer a state suicide prevention program composed of suicide prevention, intervention, and postvention programs, services, and efforts.

(3) The state suicide prevention program may include the following components:

(a) delivery of resources, tools, and training to community-based coalitions;

(b) evidence-based suicide risk assessment tools and training;

555 (c) town hall meetings for building community-based suicide prevention strategies;
556 (d) suicide prevention gatekeeper training;
557 (e) training to identify warning signs and to manage an at-risk individual's crisis;
558 (f) evidence-based intervention training;
559 (g) intervention skills training; and
560 (h) postvention training.

561 (4) The state suicide prevention coordinator shall coordinate with at least the
562 following:

563 (a) local mental health and substance abuse authorities;
564 (b) the State Board of Education, including the State Office of Education suicide
565 prevention coordinator described in Section 53A-15-1301;
566 (c) the Department of Health;
567 (d) health care providers, including emergency rooms; and
568 (e) other public health suicide prevention efforts.

569 (5) The state suicide prevention coordinator shall provide a written report~~[, and shall~~
570 ~~orally report]~~ to the Health and Human Services Interim Committee[;] by the October meeting
571 every year, on:

572 (a) implementation of the state suicide prevention program, as described in Subsections
573 (2) and (3);
574 (b) data measuring the effectiveness of each component of the state suicide prevention
575 program;
576 (c) funds appropriated for each component of the state suicide prevention program; and
577 (d) five-year trends of suicides in Utah, including subgroups of youths and adults and
578 other subgroups identified by the state suicide prevention coordinator.

579 (6) The state suicide prevention coordinator shall report to the Legislature's Education
580 Interim Committee, by the October 2015 meeting, jointly with the State Board of Education, on
581 the coordination of suicide prevention programs and efforts with the State Board of Education
582 and the State Office of Education suicide prevention coordinator as described in Section
583 53A-15-1301.

584 (7) The state suicide prevention coordinator shall consult with the bureau to implement
585 and manage the operation of a firearm safety program, as described in Subsection

53-10-202(18) and Section 53-10-202.1.

(8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules governing the implementation of the state suicide prevention program, consistent with this section.

Section 11. Section **63M-7-305** is amended to read:

63M-7-305. Drug Offender Reform Act -- Coordination.

(1) As used in this section:

(a) "Council" means the Utah Substance Abuse Advisory Council.

(b) "Drug Offender Reform Act" and "act" mean the screening, assessment, substance abuse treatment, and supervision provided to convicted offenders under Subsection 77-18-1.1(2) to:

(i) determine offenders' specific substance abuse treatment needs as early as possible in the judicial process;

(ii) expand treatment resources for offenders in the community;

(iii) integrate treatment of offenders with supervision by the Department of Corrections; and

(iv) reduce the incidence of substance abuse and related criminal conduct.

(c) "Substance abuse authority" has the same meaning as in Section 17-43-201.

(2) The council shall provide ongoing oversight of the implementation, functions, and evaluation of the Drug Offender Reform Act.

(3) The council shall develop an implementation plan for the Drug Offender Reform Act. The plan shall:

(a) identify local substance abuse authority areas where the act will be implemented, in cooperation with the Division of Substance Abuse and Mental Health, the Department of Corrections, and the local substance abuse authorities;

(b) include guidelines on how funds appropriated under the act should be used;

(c) require that treatment plans under the act are appropriate for criminal offenders;

(d) include guidelines on the membership of local planning groups;

(e) include guidelines on the membership of the Department of Corrections' planning group under Subsection (5); and

(f) provide guidelines for the Commission on Criminal and Juvenile Justice to conduct

an evaluation of the implementation, impact, and results of the act.

(4) (a) Each local substance abuse authority designated under Subsection (3) to implement the act shall establish a local planning group and shall submit a plan to the council detailing how the authority proposes to use the act funds. The uses shall be in accordance with the guidelines established by the council under Subsection (3).

(b) Upon approval of the plan by the council, the Division of Substance Abuse and Mental Health shall allocate the funds.

(c) Local substance abuse authorities shall annually, on or before October 1, submit to the Division of Substance Abuse and Mental Health and to the council reports detailing use of the funds and the impact and results of the use of the funds during the prior fiscal year ending June 30.

(5) (a) The Department of Corrections shall establish a planning group and shall submit a plan to the council detailing how the department proposes to use the act funds. The uses shall be in accordance with the guidelines established by the council under Subsection (3).

(b) The Department of Corrections shall annually, before October 1, submit to the council a report detailing use of the funds and the impact and results of the use of the funds during the prior fiscal year ending June 30.

(6) The council shall monitor the progress and evaluation of the act and shall provide a written report on the implementation, impact, and results of the act to the Law Enforcement and Criminal Justice [~~and the Health and Human Services legislative interim committees~~] Interim Committee annually before November 1.

Legislative Review Note
Office of Legislative Research and General Counsel